

### **Tennessee's Family Services Counseling Forms Service Planning/Tracking Forms**

Tennessee has separate service planning forms for its Family Services Counseling (FSC) program (mental health services) and its Families First program (welfare). Counselors in the FSC program complete the following series of forms for each client:

- **Initial Feedback and Change Feedback Forms.** Both the Initial Feedback Form and the Change Feedback Form are used to indicate a client's current status in the FSC program and to document any modifications in a client's work plan (such as time limit interruptions).
- **Service Plan.** The Service Plan Form is used to identify the types of services or treatment and amount of time spent in each activity.
- **Progress Notes and Contact Log.** The Progress Note and Contact Log are used to record client contacts with the family services counselor and the client's progress in the FSC program.

All family services counselors are required to use these forms. FSC district coordinators periodically review case files to ensure that the forms are completed accurately and in a timely manner.

# Family Services Counseling Initial Feedback

**Initial**

Customer Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First MI mm dd yy

Case/Cat/Seq: \_\_\_\_\_ / ADC \_\_\_\_ / \_\_\_\_\_ Caseworker: \_\_\_\_\_

Recipient ID #: \_\_\_\_\_ County: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of First Appointment: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yy

1. The participant is: *(Circle response)*

1. Active Families First 2. Transitional *(update CLRC)*

2. The customer: *(check the most appropriate response for initial feedback)*

- ☐ I-1. Wants and will receive Family Services Counseling *(JTPA Activity 94, Status 12A)*  
☐ I-2. Has no barriers indicated. Not appropriate for FSC *(JTPA Field #20 - Yes)\**  
☐ I-3. Does NOT Want Family Services Counseling *(JTPA Field #20 - Yes/No)\**  
☐ I-4. Did not show for Family Services Counseling assessment, proceed with conciliation/sanction process  
*(JTPA Status Code 12E)\**  
☐ I-5. Did not sign consent form *(JTPA Field #20 - No)\**  
☐ I-6. Assessment ongoing  
☐ I-7. Other

3. The Outcome Category for this individual is *(circle the appropriate response)*: A B C D

4. Number of FSC Hours required for the customer \_\_\_\_\_

5. Is a modification to the total hours for the work plan required? *(Circle response)*

1. No 2. Yes *(C/D Outcome category only)*

5a. IF YES, indicate the total hours (to include FSC) the customer is able to manage on the PRP \_\_\_\_\_  
*(JTPA Field #14)*

6. Is sanction modification required? *(Circle response)*

1. No  
2. Yes, *(C/D Outcome category only)* modify sanction process by: \_\_\_\_\_

7. Interrupt time limits? *(Circle response)*

1. No 2. Yes

8. Families First components that may be inappropriate or most appropriate: *(List all that apply)*

Inappropriate Components

Appropriate Components

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

9. Additional information for caseworker:

\_\_\_\_\_  
\_\_\_\_\_

FSC Name: \_\_\_\_\_ Signature: \_\_\_\_\_



## Family Services Counseling Change Feedback

**Change**

Customer Name: \_\_\_\_\_  
Last First MI

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mm dd yy

Case/Cat/Seq: \_\_\_\_\_ / ADC \_\_\_\_ / \_\_\_\_\_ Caseworker: \_\_\_\_\_

Recipient ID #: \_\_\_\_\_ County: \_\_\_\_\_

SSN: \_\_\_\_\_

1. The participant is: *(Circle response)*

1. Active Families First

2. Transitional *(Update CLRC)*

2. The customer: *(check the most appropriate response for change feedback)*

\_\_\_\_ C-1. Does NOT Want Family Services Counseling *(JTPA Field #20 - Yes/ No,)\**

\_\_\_\_ C-2. Did not show for Family Services Counseling ongoing appointment, proceed with conciliation/sanction process *(JTPA Status Code 12B)\**

\_\_\_\_ C-3. Did not comply with Family Services Counseling, proceed with conciliation/sanction process *(JTPA Status Code 12F)\**

\_\_\_\_ C-4. Has successfully terminated Family Services Counseling *(JTPA Field #20 - Yes)\**

\_\_\_\_ C-5. Other \_\_\_\_\_

*(check if a change  
has been made from a  
previous feedback form)*

3. The Outcome Category for this individual is *(circle the appropriate response)*: A B C D ☐

4. Number of FSC Hours required for the customer \_\_\_\_\_ ☐

5. Is a modification to the total hours for the work plan required? *(Circle response)*

1. No 2. Yes *(C/D Outcome category only)*

5a. IF YES, indicate the total hours (to include FSC) the customer is able to manage on the PRP \_\_\_\_\_  
*(JTPA Field #14)*

6. Is sanction modification required? *(Circle response)*

1. No

2. Yes, modify sanction process by: \_\_\_\_\_

7. Interrupt time limits? *(Circle response)*

1. No 2. Yes 3. Restart time count

8. Families First components that may be inappropriate or most appropriate: *(List all that apply)*

Inappropriate Components

Appropriate Components

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

9. Additional information for caseworker:

\_\_\_\_\_  
\_\_\_\_\_

FSC Name: \_\_\_\_\_

Signature: \_\_\_\_\_



## Family Services Counseling - Service Plan

Case#	Case#	Seq#
The purpose of the Service Plan is to capture the FSC activities a customer is involved in to meet their goals, to identify gaps in services in a community, and to quantify the time used for activities at case closure.		

## On the Initial Plan

On the Initial Plan

Update Status Codes/Dates add new activities and close activities as needed throughout the case.

**Update Status Codes/Dates,** add new activities, and close activities as needed throughout the case.

### Activity Plan

Activity Plan											Total Hours
Type of Service/Intervention (Optional)	Service Type	Use attached Service Type and Status Codes to complete this section								Provider Name and Location	
		Status Code Date	Status Code Date	Status Code Date	Status Code Date	Status Code Date	Status Code Date	Status Code Date			
Monitoring	How much time was required to monitor the customer's FSC hours with other providers?										





## Family Services Counseling Progress Note

Customer Name: \_\_\_\_\_

SSN#: \_\_\_\_\_

### Date and Focus of Session *(goal related)*

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### Progress *(indicate any change made, exceptions to the problem, solutions, indications that it's better)*

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On a scale of 0 to 10, 10 being the best and 0 the worst, ask the customer what number best describes how s/he is coping right now.

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10

**Plan** *(new tasks given to customer that are agreed upon or that involve doing more of what is already working; homework assignments given; plan for next session).*

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Next Scheduled Session: \_\_\_\_\_

Length of Session: \_\_\_\_\_

Counselor \_\_\_\_\_

Date \_\_\_\_\_

